



**Pathways, Inc.**  
**Erwin Child and Family Center**



# Pre-Enrollment Form

**Child's Name:** \_\_\_\_\_ **Birth Date/Due Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Requested Enrollment Date:** \_\_\_\_\_

**Age Group:**  6 wk-1 yr  1-2 yrs  2-3 yrs  3-5 yrs

**Days Child Will Attend (circle):** Mon Tue Wed Thu Fri

**Times:** \_\_\_\_\_ am to \_\_\_\_\_ pm

**Parent/Guardian's Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Parent/Guardian's Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Center Authorized Signature*

\_\_\_\_\_  
*Date*

**Office Use:**

**Registration Fee Paid:** Yes \_\_\_\_\_ Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
No \_\_\_\_\_ Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Sibling(s):** Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

**Enrollment:** FT \_\_\_\_\_  $\frac{3}{4}$  \_\_\_\_\_ PT \_\_\_\_\_

**Schedule (days):** \_\_\_\_\_ **Times:** \_\_\_\_\_ am to \_\_\_\_\_ pm